

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/913808</div>	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		2					54				
5		0					55				
6		1					56				
7		1					57				
8		0					58				
9		1					59				
10			1				60				
11							61				
12							62				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			1				TOTAL IND.				
TOTAL DEP.				8			TOTAL DEP.				
TOTAL CLAIMS			9				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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